

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/060047

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* * *			* * *			* * *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
1	/		/		/		51								
2		/		/		/	52								
3		/		/		/	53								
4		/		/		/	54								
5		/		/		/	55								
6		/		/		/	56								
7		/		/		/	57								
8		/		/		/	58								
9		/		/		/	59								
10		/		/		/	60								
11		/		/		/	61								
12		/		/		/	62								
13		/		/		/	63								
14		/		/		/	64								
15		/		/		/	65								
16		/		/		/	66								
17		/		/		/	67								
18		/		/		/	68								
19		/		/		/	69								
20		/		/		/	70								
21		/		/		/	71								
22		/		/		/	72								
23		/		/		/	73								
24		/		/		/	74								
25		/		/		/	75								
26		/		/		/	76								
27		/		/		/	77								
28		/		/		/	78								
29		/		/		/	79								
30		/		/		/	80								
31		/		/		/	81								
32		/		/		/	82								
33		/		/		/	83								
34		/		/		/	84								
35		/		/		/	85								
36		/		/		/	86								
37		/		/		/	87								
38		/		/		/	88								
39		/		/		/	89								
40		/		/		/	90								
41		/		/		/	91								
42		/		/		/	92								
43		/		/		/	93								
44		/		/		/	94								
45		/		/		/	95								
46		/		/		/	96								
47		/		/		/	97								
48		/		/		/	98								
49		/		/		/	99								
50		/		/		/	100								
TOTAL IND.	1		1		1		TOTAL IND.								
TOTAL DEP.		7		9		10	TOTAL DEP.								
TOTAL CLAIMS	8		10		11		TOTAL CLAIMS								